

**Etowah DeKalb Cherokee Mental Health ~~Board, Inc.~~  
d.b.a. CED Mental Health Center**

**Two Year Plan Guiding Service Development for the Period  
October 1, 2010 through September 30, 2012**

**Mission Statement**

The Mission of CED Mental Health Center (Center) is to provide public and privately funded mental health and substance abuse treatment and prevention services with dignity and respect.

**Vision Statement**

The vision of CED Mental Health Center is to promote awareness of the diseases of mental illness and substance abuse, to maintain highly trained and motivated staff who will enable consumers to reach and sustain a productive lifestyle within the community, and to be recognized as the premier mental health center in the region.

**Counties Served**

The State of Alabama Department of Mental Health divides the state into four geographical regions for mental health and substance abuse service delivery. The Center serves individuals in Cherokee, Etowah, and DeKalb Counties in Region I.

**Population Served**

The consumer (service recipient) population that is the focus of this planning effort includes those individuals who are diagnosed with severe and persistent mental illness, severe emotional disturbance, or who suffer from substance abuse disorders. Only individuals residing within the three county 1,866 square mile catchment area are considered in the planning effort. According to the 2010 US Census Data, the total population for the three counties served is 201,528. The Center's planning efforts are targeted to those individuals in its catchment area as assigned by the Commissioner of the Alabama Department of Mental Health.

The US Census Bureau provides the basic population demographic information for Cherokee, Etowah, and DeKalb counties. In addition, service-recipient counts provided by contractors, DMH supplied needs data (such as the prevention needs data book and the profile of substance abuse treatment needs), and hospitalized patients listings provided by DMH are used to provide an indication of service populations in the catchments areas.

Cherokee County: The Census Bureau lists 25,989 residents of Cherokee County in 2010. This marks an increase of 8% over the county's population in 2000. The 2009 estimates (2010 individual county data unavailable at the time of this report) report that 4,330 individuals were between the ages of 5 and 19 and 18,858 were ages 20 and older. Among adults, 4,537 were 65 years of age and older. Overall, 18.4% of the county's residents had an income that was below the Federal Poverty Level. During 2010, CED MHC-Cherokee County had a beginning overall caseload of 578 individuals and ended the year with an overall caseload of 704. There were 484 overall admissions and 358 overall discharges. Of the 704 individuals served, 142 were the Children/Adolescent Unit. Adult Substance Abuse in Cherokee County began 2010 with 15 individuals on their caseload. There were 60 Admissions throughout the year and 59 individuals were discharged from Substance Abuse Services leaving the ending caseload of 16 individuals.

DeKalb County: The Census Bureau lists 71,109 residents of DeKalb in 2010. This marks an increase of 10% over the county's population in 2000. The 2009 estimates (2010 individual county data unavailable at the time of this report) report that 14,178 individuals were between the ages of 5 and 19 and 46,856 were ages 20 and older. Among adults, 9,930 were 65 years of age and older. Overall, 21.7% of the county's residents had an income that was below the Federal Poverty Level. During 2010, CED MHC-DeKalb County had a beginning overall caseload of 929 individuals and ended the year with an overall caseload of 983. There were 542 overall admissions and 488 overall discharges. Of the 983 individuals served, 156 were the Children/Adolescent Unit. DeKalb County does not currently provide Adult Substance Abuse Services.

Etowah County: The Census Bureau lists 104,430 residents of Etowah County in 2010. This marks an increase of 1% over the county's population in 2000. The 2009 estimates (2010 individual county data unavailable at the time of this report) report that 20,176 individuals were between the ages of 5 and 19 and 76,996 were ages 20 and older. Among adults, 16,796 were 65 years of age and older. Overall, 17.2% of the county's residents had an income that was below the Federal Poverty Level. During 2010, CED MHC-Etowah County had a beginning overall caseload of 1457 individuals and ended the year with an overall caseload of 1536. There were 1156 overall admissions and 1077 overall discharges. Of the 1536 individuals served, 330 were the Children/Adolescent Unit. Adult Substance Abuse in Etowah County began 2010 with 69 individuals on their caseload. There were 204 Admissions throughout the year and 203 individuals were discharged from Substance Abuse Services leaving the ending caseload of 70 individuals.

### **Description of Planning Cycle**

The Center initiates a structured review process every two years to examine its service continuum for needed areas of expansion or revision. This planning cycle is designed to allow the Center's catchment area to provide meaningful input to the Department of Mental Health's statewide planning process. The process includes focused meetings with each stakeholder group to obtain input to service needs in the area. Monthly and/or quarterly service coordination and review meetings that include key stakeholders provide an ongoing review and planning process that allows the Center to constantly update its service plan and revise the area's continuum of care to meet service needs as they arise. In addition to the face-to-face meetings, the Center also conducts annual surveys of family and consumer satisfaction to evaluate the perception held in these groups regarding the Center's services. These regular planning/coordination meetings and completed surveys provide a basis from which the Center can enhance the quality of services provided in the catchment area.

### **Stakeholders and Their Roles and Method of Needs Assessment**

The Center has various stakeholders such as the Rights Committee, NAMI, Adult Services Multiple Disciplinary Team of Etowah County, Substance Abuse Coalition, Tobacco Coalition, Local Hospitals, Probate Courts, Quality of Life (Federally Qualified Healthcare Provider), Family and Consumer representatives, and the Children's Policy Council that participate in the planning process.

The role of the stakeholders is to review current service delivery and plan for improvements when necessary on the delivery of services. Meetings are held on a regular basis with stakeholders and are scheduled monthly, quarterly or annually depending on the level of stakeholder involvement. Stakeholders participate in regularly scheduled surveys and evaluations to determine service strengths and needs. Stakeholders provide staff/ board development as well as an avenue to provide training by center staff in the community.

### **Areas of Greatest Unmet Need**

When meeting with stakeholders and when reviewing changing State and Federal guidelines and requirements, needs that are currently underserved or unmet become apparent. Many times the areas that have the greatest need impact the delivery of services throughout the catchment area as a whole. During the current evaluation period, we noted the need for the implementation of electronic medical records to ensure compliance with Federal guidelines, improved integrated behavioral and primary healthcare, telemedicine and physician access for remote locations, and the need to increase utilization of evidence based practices in all clinical services.

### **Supports and Services-Currently Provided and Needed Expansion**

Currently the Center provides the following services in all three counties of its catchment area: 24-Hour Emergency services, General Adult and Child/Adolescent Outpatient Services, Adult and Child/Adolescent Case Management Services, Residential Services, Nurse Delegation Services, Parent Project/Parent Project Jr. Groups, Substance Abuse Prevention and Consultation & Education Programs.

Additionally, Etowah County provides Adult Intensive Day Treatment, Children's Project FIND (In-home Intervention), Assertive Community Treatment Services, Headstart Early Intervention Services, and a Children's Summer Program. Intensive Outpatient Substance Abuse Services are provided in Etowah and Cherokee Counties only.

The need for expansion is great. The areas of need have been broken down by area of service.

**Adult Services** needs an Adult Day Treatment in Cherokee and DeKalb Counties, and expansion of day treatment by offering an afternoon session in Etowah County; expand collaborative relationships with primary healthcare facilities, expand Assertive Community Treatment Teams, and increase training in and implementation of more Evidenced-Based Practices.

**Children/Adolescent Services** needs to be able to increase service delivery to at-risk youth as identified by co-occurring seriously emotionally disturbed criteria and delinquent acts, increase in-home services, and increase community outreach programs to youth and child caring agencies.

**Crisis Stabilization Services** needs to be increased for adults transitioning from inpatient care to community living or to minimize the need for hospitalization of current consumers.

**Substance Abuse Services** needs to improve integration of mental illness and substance abuse service delivery to consumers with co-occurring disorders and obtain certification to provide various levels of care in substance abuse.

### **Plan Goals /Objectives/Monitoring -2 Year Plan**

Based on the results of meetings held over the last year with stakeholders, the following Goals and Objectives have been developed for the 2-Year Plan:

**Goal 1:** Improve Access to Care (Crisis evaluation, Intake, Physician Access, Inpatient services, Medications, Case Management, and Outpatient Services) for children, adolescents, Adult MI and SA.

Objective 1: Decrease Consumer wait time by monitoring contact logs, Triage and Intake Assessment data, consult data and address service gaps.

Objective 2: Decrease Community Stakeholder wait time by monitoring after-hour contact logs and establish a direct response rate time to consumer needs.

Objective 3: Decrease Consumer wait time to psychiatric care by exploring alternatives to direct physician access (i.e. ER/Telemedicine/coordination with community clinics).

**Goal 2:** Increase awareness of services provided, access to services and appropriateness of services to the community and stakeholders.

Objective 1: Update CED's promotional brochures, website, and display information to highlight services provided, steps to accessing services, and admission criteria for each of service areas within the Center's Scope of Care.

Objective 2: Participate in community and area trainings by providing informational workshops and display information on all services provided through the Center at area schools, colleges, universities, hospitals, community meetings, and other community outreach opportunities as measured by training logs.

Objective 3: Participate in regularly scheduled meetings with adult and child care agencies to identify developing community needs as measured by meeting minutes and logs.

**Goal 3:** Improve Staff and Board Development to increase consumer and stakeholder satisfaction.

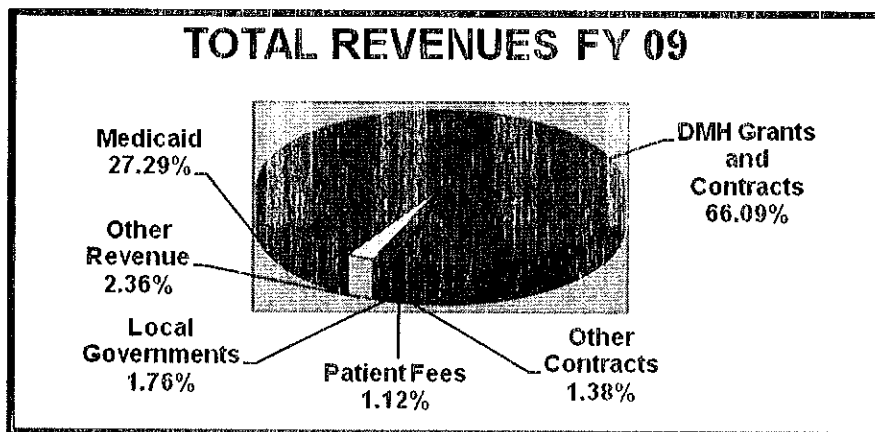
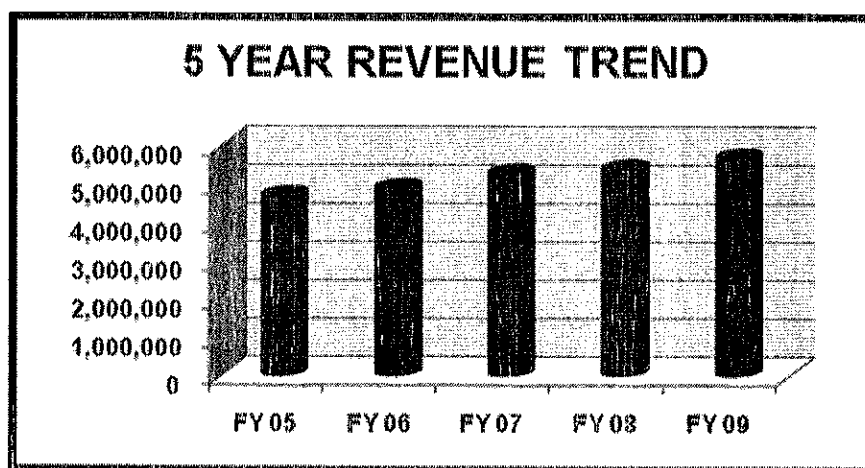
Objective 1: Enhance staff development by providing training on current trends in diagnosis and treatment of MI and SA by providing in-house workshops and other training opportunities (i.e. community workshops, essential learning, webinars, regional and state trainings) as measured through continuing education attendance records and certificates of training.

Objective 2: Provide regularly scheduled trainings to the Board of Directors on corporate compliance issues, Federal and State Rules and Regulations, Quality

Assurance outcomes and initiatives, independent audit results, licensing /certification inspection requirements and results, and Risk Management training (i.e. Center Conduct, Staff Conduct, and Board Member Conduct) as measured by training logs and board minutes.

### **Funding Resources**

Medicaid revenue and the contract with the Alabama Department of Mental Health and Mental Retardation make up approximately 93% of the agency's revenue. It is vital for the Center to continue in cooperative planning efforts with the Department of Mental Health. The following charts provide a graphical presentation of the Board's revenue trends over a five year period and the revenue by category for the 2009 fiscal year.



At the present, the Center is investigating and pursuing several federal grant opportunities to assist with the conversion to electronic medical records and to assist in funding the addition of telemedicine practices. In light of the current state budgetary constraints, it is unlikely that additional state and local funds will be obtained in the next couple of years.